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Report on Emergency Care to the Injured and Stricken in the Portland area

City Club of Portland (Portland, Or.)

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REPORT

ON

EMERGENCY CARE

TO THE INJURED AND STRICKEN

IN THE PORTLAND AREA

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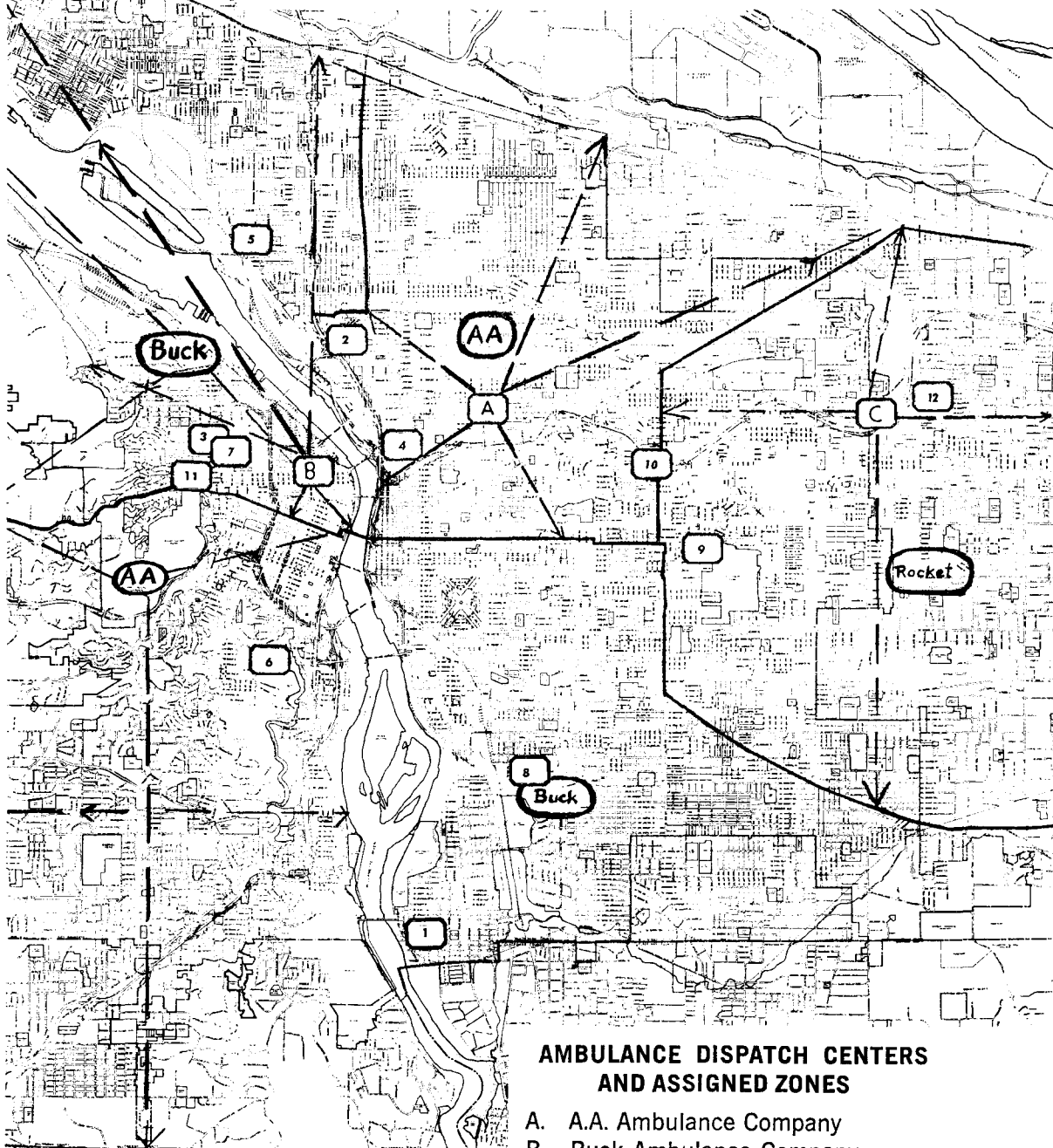
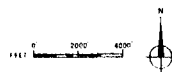
Vol. 47, No. 15

HOSPITALS

1. City of Roses Memorial
2. Emanuel
3. Good Samaritan
4. Holladay Park
5. Bess Kaiser Foundation
6. Multnomah County Hospital Emergency Unit
7. Physicians and Surgeons
8. Portland Osteopathic
9. Portland Sanitarium
10. Providence
11. St. Vincent
12. Woodland Park

PORTLAND, OREGON

PORTLAND CITY PLANNING COMMISSION



AMBULANCE DISPATCH CENTERS AND ASSIGNED ZONES

- A. A.A. Ambulance Company
- B. Buck Ambulance Company
- C. Rocket Ambulance Company

EXHIBIT I

**REPORT
ON
EMERGENCY CARE
TO THE INJURED AND STRICKEN
IN THE PORTLAND AREA**

To the Board of Governors,
The City Club of Portland:

I. INTRODUCTION

Your Committee was directed to study and report on emergency services to the injured and stricken available to the public in the Portland area. It was suggested to the Committee that this study should survey the adequacy, cost, normal procedures and facilities for emergency medical care from ambulance service to and including hospital emergency treatment.

II. SCOPE OF RESEARCH

The Committee, or individual members thereof, interviewed representatives of hospital administrations, municipal services, businesses supplying ambulance services, and the local medical community, including:

Carl Anderson, Department of Health and Education, City of Portland

E. G. Chuinard, M.D., former Chairman of Multnomah County Medical Society Committee on Care of Injured

Richard Montgomery Jones, former Executive Director, Metropolitan Hospital Planning Council

Barney Buck, Owner, Buck Ambulance Company

Donald K. Robbins, Owner, Rocket Ambulance Company

Robert Gregg, Manager, A. A. Ambulance Company

Thomas Meador, M.D., Health Officer, City of Portland

Wayne M. Pidgeon, M.D., Chairman, Multnomah County Mental Health Committee

Forrest E. Rieke, M.D., former President, Oregon State Board of Health

Daniel Reed, M.D., Emergency Room Physician.

Representatives of the Portland Police Department and Fire Bureau, and Multnomah County Sheriff's Office were also interviewed.

Your Committee interviewed the Administrator, and/or his representative, as well as representatives of the medical staffs of the following twelve hospitals in the Portland area,⁽¹⁾ all of which maintain emergency facilities:

Bess Kaiser Foundation Hospital

City of Roses Memorial Hospital

Emanuel Hospital

Good Samaritan Hospital

Holladay Park Hospital

Multnomah County Hospital Emergency Unit

Physicians and Surgeons Hospital

Portland Osteopathic Hospital

Portland Sanitarium and Hospital

⁽¹⁾ Locations of the hospitals are shown on the attached map of the Portland area marked Exhibit I.

Providence Hospital
St. Vincent Hospital
Woodland Park Hospital⁽²⁾

Portland Medical Center Hospital was not included in this study because it does not have emergency facilities.

In addition to reviewing press and magazine reports concerning emergency care and ambulance facilities in the Portland area as well as other parts of the country, the Committee reviewed studies and proposals made in publications of various associations including the National Safety Council, the American Hospital Association, the American Medical Association, the American College of Surgeons, the American Academy of Orthopedic Surgeons, and the Report of the Joint Study Committee of the Portland Council of Hospitals and Multnomah County Medical Society on Portland Metropolitan Area Emergency Service.

The Committee also visited the above mentioned twelve hospitals and examined the rooms and equipment used for emergency services. The Committee also examined the policies of those hospitals concerning the staffing of the emergency rooms and the responsibilities of the medical staff of the hospital for maintenance of emergency services.

The Committee gratefully acknowledges the complete cooperation of the administrations of the twelve local hospitals and the operators of the three privately-owned ambulance services, as well as those interested members of the community upon whom the Committee called for information relating to various aspects of the study.

It was originally contemplated that this study would include the availability and quality of psychiatric emergency facilities as well as general medical emergency services. However, the Committee determined that inasmuch as a study of available psychiatric emergency services would require the use of somewhat different criteria than those employed by the Committee in this study, such a review should be left for another project which should include in its scope the evaluation of commitment proceedings.

The Committee considered including in the study "Good Samaritan" or other liability-limiting legislation for the legal protection of physicians or other persons called upon or volunteering to assist injured or ill people in emergency situations outside of hospitals. This was found to be a complex subject with legal and moral implications beyond the practical limits of this investigation. Therefore, it was not included in the present study.

III. BACKGROUND OF STUDY

General concern for the adequacy of emergency care has been manifested not only by articles in medical and hospital publications, but also by space devoted to the subject in the press and popular periodicals. Attitudes toward the function and operation of emergency rooms and ambulance service are in a state of flux all over the country. The Committee found the concern manifested by the medical community in the Portland area apparently representative of a concern that is national in scope.

The increased population of the metropolitan area has created a greater demand for emergency services. However, the increase in volume of use of hospital emergency facilities has dramatically exceeded the population growth. This growth has increased the personnel problems for both ambulance and hospital organizations. In addition, new equipment has been developed which is not only costly but also requires trained and highly skilled operators. Thus in both quantity and quality the emergency facilities of the community have been placed under great strain.

The Committee determined to make its appraisal of emergency services available in Portland with its focus on an assessment of the quality of the service. The Committee recognizes that there are many problems inherent in the maintenance

⁽²⁾ Although the Woodland Park Hospital lies just outside the City Limits, it mainly serves Portland residents and hence was included in this study.

of emergency service facilities which reach beyond this topic and touch vitally the basic relationships between physician and patient; physician and hospital; ambulance owner and government. The Committee does not presume to define or redefine these relationships. Our concern reached those areas in which it appeared changes could be made which would benefit the public using the emergency services.

The Committee determined that although the functions of emergency hospital treatment and ambulance service are inextricably interwoven, the operations of each are quite different and require separate studies. Accordingly, this report is divided into two parts with separate recommendations.

IV. AMBULANCE SERVICES

A. BACKGROUND INFORMATION

Ambulance service in the City of Portland is provided principally by three privately-owned companies—A. A. Ambulance Company, Buck Ambulance Company and Rocket Ambulance Company. These operate under a variety of business names which largely accounts for the much larger number of ambulance service listings in the Portland telephone directory. The three ambulance companies together operate approximately 17 ambulances. There are no publicly-owned ambulance facilities, although all police cars and some fire department vehicles carry first aid equipment. There are also some volunteer ambulance crews operating in suburban areas which are not included in this study. Portland police and fire department personnel and also Multnomah County deputy sheriffs are required to have had first aid training.

A special city license is required for the operation of an ambulance within the city, although the city does not grant franchises to ambulance operators. Both the city police and the city health bureau inspect ambulance companies annually, but these inspections are limited to the vehicles and the equipment. It is the opinion both of the operators of the ambulance companies and of the city officials that the present ordinance⁽³⁾ governing licensing and inspection of ambulances is inadequate. The Committee acquired the impression that the inspection required under the existing ordinance is a cursory one at best.

A typically equipped ambulance carries oxygen, resuscitation equipment and standard first aid equipment, including splints, bandages, sponges and similar items. Drugs are not carried by ambulances because it is illegal to do so. It was the opinion of those people interviewed that the ambulances in the city are well equipped. The only criticism was that implicit in their characterization as "rolling palaces"—more lavish and more expensively equipped than is necessary for their function. However, according to the ambulance operators, this kind of equipment and vehicle is necessary because it is what the public seems to expect and demand.

Although some ambulance drivers have been with their employers for as long as 15 years, and one company has employees with an average tenure of approximately four years, the turnover of ambulance company personnel is high and the average tenure is between six and twelve months. The phenomenally high rate of turnover of ambulance employees appears attributable to the low wages paid in the industry. Starting salaries range from \$250 per month for employment on a "48 hours on, 24 hours off" basis, to \$85 per week with "24 hours on and 24 hours off." With at least one company, salary increases are based upon both tenure and performance and two companies have bonus provisions for each year of safe driving a driver completes. The Committee has been advised that the companies are now in the process of revising wage structures.

All ambulance drivers and attendants are required to be registered with the City Health Officer. Each is required to obtain a first aid card (Red Cross First Aid Training) within 90 days after receiving a permit to operate as a driver or attendant. It was reported to the Committee that because of the large turnover of personnel and inadequate provisions for enforcement of this requirement, many ambulance company employees are not trained. No physical or mental examination of a driver or attendant is required. Nor is there adequate review of the applicant's

⁽³⁾Article 10 of the License and Business Code of the City of Portland.

driving record or any review of a possible criminal record. No continued or refresher training of employees is required, although at least one company does provide and require that its employees have continued specialized and refresher training. All of the ambulance companies indicated to the Committee that they would cooperate with and indeed desired to have their employees participate in continued training if it were available.

Although ambulance rates are not fixed by any public agency, the city does require that the rates a company is charging be posted in the ambulance. All ambulances operated in the city have meters, pursuant to an agreement with the city. However, the present ordinance does not require meters, nor is the use of meters regulated in any manner. Furthermore, the city does not even inspect the meters.

Ambulances levy a minimum charge of \$26 plus \$1 for each mile traveled. In some cases there is a charge made for waiting time—computed at \$20 per hour. An additional charge may be made if the attendant applies a splint or administers oxygen. If an additional charge is made for oxygen or artificial respiration, the charge is computed at 20 per cent of the metered tariff. The amount of the average city ambulance call approximates \$36.

B. EMERGENCY SERVICE

Any person can call an ambulance for any purpose. The majority of ambulance calls are not of emergency nature. Witnesses before your Committee estimated that only about twenty per cent of the trips are for emergencies. It is a service offered for sale to anyone who wishes to purchase it. The Committee's principal inquiry concerned emergencies, principally involving traumatic injury, and the discussion following is limited to the use of ambulances for emergency purposes:

1. **Dispatching:** Although anyone can call an ambulance, the company furnishing the ambulance service expects to be paid for such services and consequently must look to a responsible person for compensation on each call. It is probably most usual that in cases of traumatic injury or emergencies other than those happening at home or at a place of employment the ambulance will be called by the policeman, fireman or deputy sheriff who first arrives at the scene. After determining that, in his judgment, an ambulance is required, the officer will so advise his dispatcher by radio. The dispatcher will determine which ambulance company should be called and will then telephone that company. Although the City does not grant franchises to private ambulance companies, it has, by agreement divided the city into areas and each ambulance company has been allocated separate areas, as indicated on the map exhibit. This allocation is only for the purpose of dispatching on police calls, and on such calls the company assigned to the area in which the accident occurs will be called. The areas are established and the companies assigned for the purpose and with the intention of providing the most efficient service. Upon receipt of the telephone call from the police dispatcher, the company will reply that it can or cannot answer the call and at that time an ambulance is supposed to be sent or another company contacted.

The Committee has been informed that each ambulance company, in fact, monitors the police emergency radio band and that frequently, where it is apparent that a call is within the area assigned to a company, an ambulance will be dispatched to the scene before the telephone call is received from the police dispatcher. It appeared to the Committee that the possibility of criticism of the police department for favoritism might be eliminated if the dispatcher gave his instruction to the ambulance company by radio, since the dispatching would then be monitored by all companies. The ambulance could immediately be dispatched and the fact of its employment and dispatch confirmed by a telephone call from the company to the police dispatcher.

2. **Movement to the scene:** The ambulance companies report that, unless directed by the police, physician or other competent person in attendance having authority, the ambulance should move both to and from the scene of the accident as normal vehicular traffic. It is the observation of the physicians who were interviewed concerning this topic that with rare exceptions, principally involving heart and breathing arrest cases, it is not necessary—and may indeed be injurious to

the patient—for sirens, red lights and excessive speed to be used. As a practical matter, it appears to the Committee that the person in charge at the scene of the emergency must have the authority to make the determination of the speed with which the ambulance should proceed both to the scene of the accident or injury and also from there to the hospital—that is, whether the ambulance should use its siren and red lights or proceed as normal vehicular traffic. If the siren and red lights are used, the ambulance is permitted to exceed the posted speed limit for the area of travel by 10 m.p.h. and to proceed through a red light or “stop” intersection after having first stopped and only if the intersection is clear.⁽⁴⁾ It appeared from the testimony obtained by the Committee that the red lights and sirens are used more frequently than is necessary for the patient’s proper care.

3. Procedure at the scene and movement to the hospital: Upon arriving at the scene of the accident, the ambulance driver and attendant will render such first aid as may seem to be appropriate. If the patient is conscious, he will be asked to name the hospital to which he wishes to be taken, and he will be taken there. If the patient does not prefer a particular hospital, he will be asked the name of his family physician. The ambulance attendant will then relay the physician’s name to his dispatcher who will advise him of which hospital staff the physician is a member. The ambulance dispatcher keeps a list of all the physicians in the city and the hospitals at which each practices. Patients who appear to be indigent and whose condition does not require their delivery to the nearest hospital will be taken to the Multnomah County Hospital. If a patient is not able to communicate, or if he has an injury or condition which appears to require immediate care to preserve his life, he will be taken to the nearest hospital. The patient is the responsibility of the ambulance company until received at the hospital.

Many times, the ambulance dispatcher, upon learning to which hospital the ambulance is going, will call that hospital and give the emergency room personnel a description of the condition of the patient. Emergency room personnel have advised the Committee that such calls are very helpful to the hospital because they are in a position, upon receiving some notice of the condition of the patient, to prepare equipment and personnel for treatment. Physicians interviewed by the Committee also expressed their desire to have the hospital notify them when it is advised that one of their patients will be arriving shortly at the emergency room. Some cities have direct radio contact between ambulances and the hospitals. This has enabled the hospital to better prepare for the reception of the patient and has also given trained personnel at the hospital the opportunity to advise the ambulance attendants concerning treatment to be rendered at the scene and in the vehicle on the way to the hospital. It would appear to your Committee that the various hospitals and the local ambulance companies might undertake a study to determine the feasibility of such radio installations in the Portland metropolitan area.

4. Charge and payment: Normally, the charge for ambulance service is made by the company to the patient for the particular service performed and collection is effected from the patient in the same manner as by any other private business. However, a certain number of cases—one owner estimated as much as 20 per cent of emergency calls—are indigent cases unable to make payment. In these cases, the appropriate governmental unit, either the city or the county, assumes the responsibility for payment. This governmental agency then pays 80 per cent of the ambulance metered rate. All of the ambulance company owners are in agreement that collection from the city is slow, difficult, time-consuming and an expensive bookkeeping operation. There was no objection by the ambulance companies to the payment procedures used by the county.

The Committee does not believe that governmental units should receive a preferential rate for ambulance services. It appeared to the Committee that more satisfactory procedures could be instituted by the city for payment for services rendered to the indigents.

One hospital acts as collection agent for an ambulance company for those patients delivered to that hospital by that company. The Committee believes that this practice might influence the company’s decision as to which hospital a patient should be taken to, and recommends that it be discontinued.

⁽⁴⁾ORS 483.120.

C. GENERAL DISCUSSION

The city ordinance relative to ambulances, their equipment and personnel is inadequate. Witnesses who testified before the Committee agreed that the ordinance was a poor one and the Committee agrees it should be changed. The city should require that before ambulance operating personnel can be certified, they should pass minimum physical and mental examinations, establish their driving competency and show a good driving record, have satisfactory character references and should have completed First Aid training. At least one of the persons in each ambulance should be fully certified. A form of proposed ordinance, adapted from a model ordinance proposed by American Ambulance Association, is attached to this report. The Committee feels an ordinance of this type should be enacted promptly.

There is now no requirement that drivers or attendants be adequately trained beyond the requirement that, within 90 days after having received a permit to serve as an attendant in or to operate an ambulance, the applicant must obtain a Red Cross First Aid card. At least one of the companies provides and requires of its employees additional training. The Committee feels that additional training, particularly in the changing techniques of first aid, should be provided. This continuing program of first aid education should be the responsibility of the City Health Officer in cooperation with the County Medical Society. For the past two years, the American Academy of Orthopedic Surgeons has sponsored and conducted a clinic for first aid education in Portland. In this educational program, which lasts for 4 days, first aid methods and equipment are demonstrated by physicians, who donate their time. The program has been well attended and extremely well received by ambulance companies throughout the northwest. All concerned expressed the desire that programs such as this be continued and that they be supplemented with continuing education throughout the year.

The Committee recognizes that it may work an extreme hardship on the ambulance companies to immediately require that both the attendant and the driver have first aid training. However, this goal should be pursued, and in the meantime the minimum requirement should be that at least one of the employees in the ambulance have completed first aid training.

Consideration was given to the desirability of having a physician ride in the ambulance on all emergency calls. The Committee does not feel that this is necessary. The use of proper first aid techniques will be all that is possible until the patient is delivered to the hospital. It is at the hospital, where full equipment and highly trained personnel are available to work with the physician and surgeon under optimum conditions, that the principal treatment of the patient should take place. However, this does not minimize the necessity for ambulance personnel to be adequately trained and to receive continued training, particularly in new and changing techniques.

The Committee inquired into the first aid training of city police and firemen and also Multnomah County deputy sheriffs and was advised that all are required to have that training. All patrol cars and fire equipment have a limited amount of first aid equipment. Some patrol cars have oxygen; some fire stations have oxygen and resuscitation equipment. With the increased use of resuscitation equipment, and the increased success in its use, it seems appropriate that each fire station have oxygen and resuscitation equipment and personnel trained in its proper use. The availability of such equipment and personnel should be made known to the public and a communication procedure should be established so that upon call to the police or fire department reporting that type of emergency, the equipment can be dispatched from the nearest fire station to the scene.

The Committee is of the opinion that the private ambulance companies in Portland provide a satisfactory service at a fair cost and that it is by no means either necessary or desirable that there be a municipally-owned, operated or subsidized ambulance service. This does not mean that the industry's standards should not be improved. However, the industry itself is in the forefront in attempting to raise these standards both by legislation and education. It appears to the Committee that the private ambulance companies can conform to the recommended improved standards and it also appears to the Committee that the private companies can

provide a completely satisfactory service more economically than a municipally-operated service. It may well be, however, that these determinations should be re-evaluated in light of the performance of the industry after it has been required to raise its standards by appropriate legislation.

Efforts should be continued to raise the wage levels of ambulance drivers and attendants. It is probably only by increasing pay scales that the turnover of personnel can be decreased and the training requirements made practical. Ambulance employees are dealing with lives. Every effort should be made to insure that competent, trained people be entrusted with this responsibility. The existing wage scale does not seem adequate to attract, on a continuing basis, that type of person.

V. RECOMMENDATIONS

The maintenance of ambulance service that can respond to calls with dispatch and render the best possible first aid technique is of great importance to the entire community. To insure such service there must be more effective regulation, control and inspection of ambulances and ambulance personnel by the City Health Officer.

Therefore, your Committee recommends that:

1. An applicant for a permit to drive, or to attend in an ambulance should be required to meet minimum physical and mental standards, establish and maintain a good driving record and driving skill; and at least one employee in each vehicle should have first aid training consisting at least of the satisfactory completion of the Red Cross First Aid course.

2. The foregoing recommendation should be implemented by the adoption of an ordinance containing the provisions in the proposed ordinance attached to this report, or similar provisions.

3. There should be training procedures established by the City Health Bureau with the cooperation of the Multnomah County Medical Society to assure the maintenance of adequate standards of knowledge and efficiency among ambulance personnel.

4. Both the City of Portland and Multnomah County should review and re-evaluate governmental responsibility for the indigent patient both as to the amount paid by the responsible governmental body and also as to the mechanics of effecting such payment. This will minimize the inconvenience and delay to the ambulance company and more fairly distribute the cost of indigent calls among the entire population rather than requiring that so much of it be borne by paying users of the ambulance service.

5. The City and County should be commended for requiring and providing first aid training for their policemen and firemen and should be encouraged to increase the amount of training offered and the participation in training and review required of its personnel.

6. The City should place approved oxygen and resuscitation equipment at each fire station and train sufficient personnel in its use so that there will always be a competent team on duty. Such equipment and training should be reviewed by the City Health Officer in cooperation with appropriate representatives of the County Medical Society.

7. Appropriate governmental agencies should take immediate action to implement the foregoing recommendations.

8. Operators of ambulance services which are not subject to regulation by the City of Portland but which use Portland hospitals should be encouraged to implement the foregoing recommendations.

9. The practice of any hospital serving as a collection agency for any ambulance company should be eliminated.

VI. HOSPITAL EMERGENCY CARE

A. BACKGROUND INFORMATION

The Committee has studied material on the subject of hospital emergency care supplied by the American Hospital Association, the American Medical Association, the American College of Surgeons, and the American Academy of Orthopedic Surgeons. Recent literature has been reviewed, and all of the hospital emergency facilities in the Portland area were inspected by members of the Committee. These inspections were arranged by the various hospital administrators and included an interview with at least one knowledgeable official at each hospital, as well as a thorough inspection of the physical plant. All the hospital administrations co-operated fully and graciously and supplied whatever pertinent information was requested.

It is apparent on the basis of the above investigation that there are increasing problems in the provision of emergency care in the hospitals throughout the country, with the Portland situation appearing to be typical of the national picture. For a multitude of reasons, the public is progressively relying more upon the hospital emergency facilities for the provision of medical care. Traditionally, many of these problems would have been reserved for a later visit to the family physician's office, but more and more it is proving convenient for the patient to present himself at the hospital emergency room where no appointment is needed and an evening visit does not interfere with the patient's daily routine. This tendency has been encouraged by the fact that medical insurance frequently covers only care given in a hospital and not similar care provided in a physician's office. The experience of most Portland hospitals over the last few years shows a 20 per cent increase in volume of visits to the emergency facilities each succeeding year.

The problems caused by this increased use of emergency facilities is compounded by the difficulty of properly staffing emergency rooms with physicians. It has been traditional that an intern has been the first physician to see emergency patients, but progressively fewer interns have been available to private hospitals, thus reducing the number available for emergency department attendance. Moreover, because of the increasing complexity of the field, interns are no longer considered qualified for complete responsibility in providing emergency medical care. Attempts have been made to fill this gap in physician coverage of the emergency room by many different means, none of which has proved entirely satisfactory.

A third aspect of the emergency room problem is that medical care has advanced significantly over the last few years so that new methods of care requiring much technical expertise and knowledge have become standard practice. Many patients having conditions which in the past would not have responded to treatment may now be saved by newer methods and intensive care. Such care requires immediate evaluation of the problem and prompt institution of treatment, further taxing an overworked and undermanned emergency room staff.

Recently some of the overload on the private hospitals' emergency rooms has been absorbed by a new and entirely adequate facility at Multnomah Hospital for indigent patients. This Emergency Department not only provides care for patients who could not pay for such care at private institutions but also serves as an indispensable training facility for the various teaching programs associated with Multnomah Hospital.

B. GENERAL DISCUSSION

To evaluate the complicated problem of dealing with emergencies in hospitals, it is first necessary to determine the type of treatment required. For patients whose treatment can be delayed without harm, all the emergency facilities studied are judged to be adequate. For acute or major emergencies in which the patient's life is in immediate danger or in which prompt treatment is essential, a well-organized and adequately staffed emergency room is necessary. To determine whether an emergency facility is adequate for the care of this type of patient, it is necessary to define the requirements of such a facility.

CHART I—EMERGENCY ROOM PERSONNEL

HOSPITAL	PHYSICIANS										LAB. TECHNICIAN	
	On Duty		On Call**		RN	LPN	ORDERLY	EXTERN	INTERN	RESIDENT		X-RAY TECHNICIAN
	Emergency Dept.	Hospital	Back-Up	Specialist								
CITY OF ROSES	None	Licensed Physician Daytime, weekdays	Duty Roster	Physician's Choice	Daytime	None Assigned	16 hrs. day (technician)	None	None	None	On call daytime	Daytime
EMANUEL	Licensed Physician 24 hours	—	Duty Roster	Duty Roster	Daytime	None Assigned	None	None	Available	Available	24 hours	24 hours
GOOD SAMARITAN	Intern	Resident*	Duty Roster	Duty Roster	9-5	Daytime and Evening	Assigned 5 evenings	None	Full time	Available	24 hours	24 hours
HOLLADAY PARK	None	Resident; Extern weekends	Duty Roster	Duty Roster	None	8-5 weekdays On call rest of time	None Assigned	3 eves. & weekends	None	Available	Daytime; on call at night	Daytime; on call at night
BESS KAISER	Licensed Physician 24 hours	—	Duty Roster	Duty Roster	24 hours	None Assigned	None Assigned	None	None	Available	Daytime; on call at night	Daytime; on call at night
MULTNOMAH	3 Residents*	—	—	Duty Roster	24 hours	Most times	Full time	Medical Students	2 full time	3 full time	24 hours	24 hours
PHYSICIANS & SURGEONS	None	Resident; Extern nights	Duty Roster	Physician's Choice or Duty Roster	None	2 daytime, 1 evening	None Assigned	5 p.m. to 7 a.m.	None	Available	Daytime; on call at night	Daytime; on call at night
OSTEOPATHIC	None	Intern	Duty Roster	Physician's Choice	None	7 am-3:30 pm some weekends	None Assigned	None	Available	None	Daytime; on call at night	Daytime; on call at night
PORTLAND SANITARIUM	Intern days; Extern nights	—	Duty Roster	Duty Roster	24 hours	Assigned 3 p.m.-7 a.m.	None	None	On call	None	24 hours	24 hours
PROVIDENCE	Licensed Physician 24 hours	—	Duty Roster	Duty Roster	24 hours	None Assigned	Available	8 a.m. to 4:30 p.m.	Available	Available	24 hours	24 hours
ST. VINCENT	Licensed Physician 24 hours	—	Duty Roster	Duty Roster	24 hours	5 days	Nearly Full time	None	None	Available daytime, full time nights	Daytime; on call at night	Daytime; on call at night
WOODLAND PARK	Licensed Physician 24 hours	—	Duty Roster	Duty Roster	None	Occasionally	1 in house most times	None	None	5 p.m. to 7 a.m.	Daytime; on call at night	Daytime; on call at night
RECOMMENDED:	LICENSED PHYSICIAN 24 HOURS		DUTY ROSTER		During Active Periods	24 hours	Assigned for Active Periods	Should be used only as Assistants	Not as first call	Available	Daytime; on call at night	Daytime; on call at night

**On call to the Emergency Department.

*Participating in accredited residency program.

CHART II—GENERAL INFORMATION

Hospital	Bed Capacity	E.R. Patient Load By Year	Ambulance Per Day	Admissions Per Day Thru Hosp. E.R.	Emergency Room Basic Charge
I. City of Roses	39	1,266	0-1	1	\$ 7.50
II. Emanuel	480	14,300	6	7	7.00
III. Good Samaritan	419	10,736	7	6	7.50
IV. Holladay Park	179	4,073	1 or 2	2-3	7.50
V. Bess Kaiser	141	9,000	Unknown	8	Contract
VI. Multnomah	528	24,000	Unknown	15	7.00
VII. Physicians & Surgeons	161	6,000	Unknown	2-3	7.50
VIII. Osteopathic	110	2,514	1	2-3	6.00
IX. Portland Sanitarium	250	15,916	Unknown	5	7.50
X. Providence	329	12,704	5	6	8.00
XI. St. Vincent	362	9,421	6	7	10.00
XII. Woodland Park	100	5,373	1	3	10.00

C. REQUIREMENTS FOR THE TREATMENT OF MAJOR OR ACUTE EMERGENCIES

The Committee considers adequate personnel to be the most important requirement, since a first rate team can get along with less than the most desirable facilities, whereas ideal facilities are of no use if qualified personnel are not available. The most important member of such a team is a physician who is licensed to practice or is participating in an approved residency. He must be available at all times on the premises of the hospital. Such a physician's primary duty should be in the emergency room, and he should be able to see a patient within a minute or two at any time when called. He should be backed up first by the patient's personal physician, and then by specialists in all fields certified by the appropriate examining board in each of their respective fields, including psychiatrists. These physicians should be able to reach the hospital within thirty minutes.

A registered nurse should be on duty in the emergency room at all times, and additional registered nurses should be assigned to the emergency room as needed. An orderly and a licensed practical nurse, if not assigned to the emergency room, should at least be available in the hospital at all times with priority assignment to the emergency room when needed. Ancillary personnel, such as x-ray technicians, laboratory technicians, and operating room personnel, should be on call within fifteen minutes, twenty-four hours a day. Clerical assistants should be assigned to the emergency room during periods of heavy activity to relieve the registered nurse of these duties.

An adequate physical plant is also of great importance. The Committee agreed that the emergency room should be within a general hospital, preferably one approved by the Joint Commission of Accreditation. A specified area of the hospital should be designated as the emergency department, and it should include the following facilities:

- (1) Examining rooms that are satisfactorily equipped and sufficiently large and numerous to allow for adequate evaluation and diagnosis.

CHART III—EMERGENCY DEPARTMENT SPACE INFORMATION

Hospital	Waiting Room	Nursing Station	Utility Room	Patient Clean-Up Area	Storage Room Area	Minor Surgery	Separate Examining Room	Cast Room	Observation Room	Intensive Care Unit	Psychiatric Room
I. City of Roses	Hallway	None	Inadeq.	None	None	1 room; Multiple Use	None	In another area; no water	None	None	None
II. Emanuel	Yes & Hallway	Adeq.	Adeq.	None	Adeq.	1 room	5 booths	Yes	None	Adeq.	None
III. Good Samaritan	Hallway	Adeq.	Adeq.	None	Adeq.	3 rooms; Multiple Use	None	Yes; elsewhere	Adeq.	Adeq.	Limited
IV. Holladay Park	Hallway	Adeq.	Inadeq.	None	None	2 rooms; Multiple Use	None	Yes; elsewhere	None	None	Adeq.
V. Bess Kaiser	Yes	Adeq.	Adeq.	None	Adeq.	1 room	Several rooms	Yes	Adeq.	None	None
VI. Multnomah	Yes	Adeq.	Adeq.	Adeq.	Adeq.	2 rooms	Several rooms	Yes	None	—	None
VII. Physicians & Surgeons	Hallway	None	None	None	Adeq.	2 rooms; Multiple Use	None	Yes	None	None	None
VIII. Osteopathic	Main Waiting Room	None	None	None	None	1 room; Multiple Use	None	Yes; elsewhere	None	None	Limited
IX. Portland Sanitarium	Yes	Adeq.	Adeq.	None	Adeq.	2 rooms	3 rooms	Yes	Adeq.	Adeq.	None
X. Providence	Yes	Adeq.	Adeq.	Adeq.	Adeq.	2 rooms	3 booths	Yes	Adeq.	Adeq.	None
XI. St. Vincent	Lobby	Adeq.	Adeq.	None	Adeq.	2 rooms	6 booths	Yes	None	None	None
XII. Woodland Park	Hallway	None	None	None	None	1 room; Multiple Use	None	Yes; elsewhere	None	None	None

- (2) A minor surgery maintained as a separate room and restricted to the use of surgical procedures, not for examinations. The equipment of this room should include suction, oxygen, intratracheal tubes, resuscitator, tracheostomy tray and appropriate drugs. The floor of this room should be conductive to allow for inhalation anesthetics.
- (3) A cast room sufficiently large to allow for the required procedures. The floor of this room should also be conductive and there should be suction and oxygen available, as well as the standard equipment for the application of plaster casts.
- (4) Appropriate ancillary facilities, such as waiting rooms, lavatories, clerical office and nursing stations so arranged to allow for efficient and comfortable care of the patients and accompanying friends or relatives.
- (5) A short-term observation facility.
- (6) Intensive care facilities within the hospital for the adequate continued treatment of major acute emergencies after the appropriate initial evaluation and treatment.
- (7) A well-organized and well-equipped team within the hospital to assist in the care of patients requiring immediate respiratory or cardiac resuscitation.

Certain procedures are judged essential for the proper management of the emergency facility. A staff physician should be appointed on an annual basis as the responsible chief of the emergency department. He should be responsible to the Executive Committee of the hospital and should work with an Emergency Room Committee. However, the day-to-day supervision should be the responsibility, not of a committee, but of the chief of the department.

All patients admitted to the Emergency Unit must be seen by a physician. All major or acute emergencies should be attended immediately by the physician on call within the hospital, but the minor emergencies may be handled in whatever manner seem best in the judgment of the family physician. All clerical work should be done in the emergency room and all personnel of the emergency room, including the clerk, should be responsible to the supervising registered nurse.

Charts I, II and III contain the Committee's findings of the essential facilities and personnel available at the hospitals studied. Attention is particularly directed to the Committee's recommended standards for a major facility set forth in the last line of all columns on Chart I.

D. CONCLUSIONS

On the basis of the foregoing criteria:

Emanuel Hospital, Good Samaritan Hospital, St. Vincent Hospital, Providence Hospital, Bess Kaiser Hospital, and Multnomah County Hospital fulfill the requirements for the care of major or acute emergencies.

Portland Sanitarium and Hospital was found to have an excellent physical plant for emergency care and to be adequately staffed, except that it does not have a qualified physician available within the house twenty-four hours a day for major or acute emergency problems.

Physicians and Surgeons Hospital, City of Roses Memorial Hospital, Portland Osteopathic Hospital, Holladay Park Hospital and Woodland Park Hospital do not have adequate physical facilities to handle major or acute emergencies. In addition, these latter, with the exception of Woodland Park Hospital, lack a physician within the hospital available for emergency care twenty-four hours a day.

All the hospitals should be commended for their recognition of the emergency facility problem and their attempts to deal with it. Most hospitals are engaged in programs to solve their emergency room staff problems. In addition, Good Samaritan, Providence, Physicians and Surgeons and Woodland Park are undertaking to improve their physical facilities for emergency care.

VII. RECOMMENDATIONS

1. The public should be informed of the problem of overuse of emergency facilities and requested to restrict its use of them to those problems that are genuine emergencies. The use of the emergency facilities purely for the convenience of the patient is to be condemned, since this may interfere with the necessary care of another patient in dire need of prompt medical treatment.

2. Medical and hospital insurance should be so written that emergency care given in a physician's office is covered in a manner similar to that provided in a hospital emergency unit.

3. Patients having acute or major emergencies should be taken only to those hospitals that are adequately equipped and staffed to handle such problems. Since nearly all such emergency patients are brought to the hospital by ambulance, the ambulance companies should be advised to use only those hospitals now or hereafter having adequate emergency facilities and staff if the choice is within the ambulance company's discretion. Such hospitals should grant temporary consulting privileges to the staff physicians of those hospitals not equipped for major or acute emergencies. With such privileges available, all physicians should direct all patients with probable major or acute medical emergencies to hospitals equipped to handle such problems.

Respectfully submitted,

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APPENDIX

A PROPOSED ORDINANCE REGULATING AMBULANCE SERVICE

An Ordinance to Regulate the Licensing, Inspection and Operation of Ambulances, to Provide Standards for the Licensing of Ambulances and of Ambulance Drivers, Attendants, and Attendant-Drivers, to Provide for Renewal and Revocation of Licenses, to Require Written Records and Reports, to Provide for Traffic Regulation of Ambulances, and to Establish Penalties for Violation of its Provisions.

SECTION 1: Definitions.

- (a) Unless otherwise specified, the term "Ambulance" means any privately or publicly-owned motor vehicle that is specially designed or constructed, and equipped and is intended to be used for and is maintained or operated for the transportation of patients.
- (b) "Attendant" means a trained and/or qualified individual responsible for the operation of an ambulance and the care of the patients whether or not the attendant also serves as driver.
- (c) "Attendant-Driver" means an individual who is qualified as an attendant and a driver.
- (d) "Driver" means an individual who drives an ambulance.
- (e) "Health Officer" means the city of Portland Health Officer.
- (f) "Patient" means an individual who is sick, injured, wounded or otherwise incapacitated or helpless.

SECTION 2: License Required.

- (a) No person, either as owner, agent or otherwise, shall furnish, operate, conduct, maintain, advertise, or otherwise be engaged in or profess to be engaged in the business or service of the transportation of patients upon the streets, alleys, or any public way or place of Portland unless he holds a currently valid license for an ambulance, issued pursuant to this Ordinance.
- (b) No ambulance shall be operated for ambulance purposes and no individual shall drive, attend or permit it to be operated for such purposes on the streets, alleys, or any public way or place of Portland unless it shall be staffed by at least two persons one of whom is holding a currently valid license as an attendant-driver or attendant.
- (c) **Provided however**, that no such licenses shall be required for an ambulance, or for the driver, attendant or attendant-driver of an ambulance, which
 - (i) is rendering assistance to licensed ambulances in the case of a major catastrophe or emergency with which the licensed ambulances of Portland are insufficient or unable to cope; or
 - (ii) is operated from a location or headquarters outside of Portland in order to transport patients who are picked up beyond the limits of Portland to locations within Portland, or to transport patients who are picked up within Portland to locations beyond the limits of Portland but no such outside ambulance shall be used to pick up patients within Portland for transportation to locations within Portland unless the driver, attendant and attendant-driver and the person subject to the provisions of Section 2(a) of this Ordinance in respect of such ambulance, hold currently valid licenses issued pursuant to this Ordinance.

SECTION 3: Application for Ambulance License.

Applications for ambulance licenses hereunder shall be made upon such forms as may be prepared or prescribed by the Health Officer and shall contain:

- (a) The name and address of the applicant and the owner of the ambulance.
- (b) The trade or other fictitious name, if any, under which the applicant does business and proposes to do business.
- (c) The training and experience of the applicant in the transportation and care of patients.
- (d) A description of each ambulance, including the make, model, year of manufacture, motor and chassis number, current state license number, the length of time the ambulance has been in use, and the color scheme, insignia, name, monogram or other distinguishing characteristics to be used to designate applicant's ambulance.
- (e) The location and description of the place or places from which it is intended to operate.
- (f) Such other information as the Health Officer shall deem reasonably necessary to a fair determination of compliance with this Ordinance.
- (g) an accompanying license fee of \$.....

SECTION 4: Standards for Ambulance License.

- (a) Each ambulance shall, at all times when in use as such,
 - (i) conform with the standards, requirements and regulations provided for in this Ordinance for the transportation of patients, from the standpoint of health, sanitation and safety, and the nature of the premises in which it is maintained;

- (ii) contain equipment conforming with the standards, requirements and regulations provided for herein, which equipment shall be in proper and good condition for such use;
 - (iii) currently comply with all applicable laws and local ordinances relating to health, sanitation and safety; and
 - (iv) be equipped with such lights, sirens and special markings to designate it as an ambulance as may be prescribed in reasonable regulations promulgated by the Health Officer.
- (b) Any change of ownership of a licensed ambulance shall terminate the license and shall require a new application and a new license and conformance with all the requirements of this Ordinance as upon original licensing.
 - (c) Application for transfer of any ambulance license to another or substitute vehicle shall require conformance with all the requirements of this Ordinance as upon original licensing. No ambulance license may be sold, assigned, mortgaged or otherwise transferred without the approval of the Health Officer and a finding of conformance with all the requirements of this Ordinance as upon original licensing.
 - (d) Each licensed ambulance, its equipment and the premises designated in the application and all records relating to its maintenance and operation as such, shall be open to inspection by the Health Officer or his designated representatives during usual hours of operation.
 - (e) No official entry made upon a license may be defaced, removed or obliterated.

SECTION 5: Standards for Ambulance License — Liability Insurance.

- (a) No ambulance license shall be issued under this Ordinance, nor shall such license be valid after issuance, nor shall any ambulance be operated in Portland unless there is at all times in force and effect insurance coverage, issued by an insurance company licensed to do business in the state of Oregon, for each and every ambulance owned and/or operated by or for the applicant or licensee, providing for the payment of damages:
 - (i) for injury to or death of individuals in accidents from any cause for which the owner of said ambulance would be liable on account of liability imposed on him by law, regardless of whether the ambulance was being driven by the owner or his agent, and
 - (ii) for the loss of or damage to the property of another, including personal property, under like circumstances, in such sums and under such terms as may be required in regulations promulgated by the Health Officer.
- (b) Said insurance policies shall be submitted to the Health Officer for approval prior to the issuance of each ambulance license. Satisfactory evidence that such insurance is at all times in force and effect shall be furnished to the Health Officer, in such form as he may specify, by all licensees required to provide such insurance under the provisions of this Ordinance.
- (c) Every insurance policy required hereunder shall contain a provision for a continuing liability thereunder to the full amount thereof, notwithstanding any recovery thereon, that the liability of the insurer shall not be affected by the insolvency or the bankruptcy of the assured, and that until the policy is revoked the insurance company will not be relieved from liability on account of nonpayment of premium, failure to renew license at the end of the year, or any act or omission of the named assured.
- (d) Every insurance policy required hereunder shall extend for the period to be covered by the license applied for and the insurer shall be obliged to give not less than 30 days written notice to the Health Officer and to the assured before any cancellation or termination of the policy earlier than its expiration date and the cancellation or other termination of any such policy shall automatically revoke and terminate the licenses issued for the ambulances covered by such policy, unless another insurance policy complying with the provisions of this section shall be provided and be in effect at the time of such cancellation or termination.

SECTION 6: Duties of Health Officer.

- (a) The Health Officer shall, within 5 days after receipt of an application for an ambulance license as provided for herein, cause such investigation as he deems necessary to be made of the applicant and of his proposed operations.
- (b) The Health Officer shall issue a license hereunder for a specified ambulance, to be valid for a period of 2 years unless earlier suspended, revoked or terminated, when he finds that:
 - (i) the public convenience and necessity require the proposed ambulance service;
 - (ii) each such ambulance, its required equipment and the premises designated in the application, comply with the standards prescribed in Section 4(a), and in Sections 7 and 8 of this Ordinance and with the regulation promulgated under such sections;
 - (iii) the applicant is a responsible and proper person to conduct or work in the proposed business;
 - (iv) only duly licensed drivers, attendants and attendant-drivers are employed in such capacities; and

- (v) all the requirements of this Ordinance and all other applicable laws and ordinances have been met.
- (c) Prior to the issuance of any ambulance license hereunder, the Health Officer shall cause to be inspected the vehicles, equipment and premises designated in each application hereunder, to determine compliance with the standards prescribed in Section 4(a) and in Sections 7 and 8 of this Ordinance, and with the regulations promulgated under such sections.
- (d) Subsequent to issuance of any ambulance license hereunder, the Health Officer shall cause to be inspected each such licensed vehicle, and its equipment and premises, whenever he deems such inspection to be necessary but in any event no less frequently than twice each year. The periodic inspection required hereunder shall be in addition to any other safety or motor vehicle inspection required to be made for ambulances or other motor vehicles, or other inspections required to be made, under general law or Ordinances, and shall not excuse compliance with any requirement of law or ordinance to display any official certificate of motor vehicle inspection and approval nor excuse compliance with the requirements of any other applicable general law or ordinance.
- (e) A copy of each initial, semiannual or other ambulance, equipment and premises inspection report by the Health Officer under the provisions of the section shall be promptly transmitted to the applicant or licensee to whom it refers.

SECTION 7: Standards for Ambulance Equipment — Duties of Health Officer and Licensees.

- (a) The Health Officer shall promulgate as standards for ambulance equipment under this Ordinance, and shall apply, the standards certified pursuant to the provisions of Section 8 of this Ordinance.
- (b) Each licensee of an ambulance shall comply with such regulations as may be promulgated by the Health Officer under the provisions of Section 7(a) and shall maintain in each ambulance, at all times when it is in use as such, all such equipment as may be prescribed by the Health Officer hereunder.

SECTION 8: Standards for Ambulance Equipment — Duties of Health Officer.

- (a) Required equipment in each ambulance shall include, at all times when the ambulance is in use as such, equipment adequate in the judgment of the Health Officer for dressing wounds, splinting fractures, controlling hemorrhage, and providing oxygen.
- (b) The Health Officer is authorized and directed, after public notice and opportunity for public hearing, to certify standards for ambulance equipment to implement the standards provided herein as to required equipment in ambulances. In determining the adequacy of equipment, the Health Officer shall take into consideration the current list of minimal equipment for ambulances, adopted by the American College of Surgeons or its duly authorized Committee on Trauma.

SECTION 9: Applications for Drivers, Attendants and Attendant-Drivers License.

Applications for drivers, attendants and attendant-drivers licenses hereunder shall be made upon such forms as may be prepared or purchased by the Health Officer and shall contain:

- (a) The applicant's full name, current residence, places of residence for 5 years previous to moving to his present address, and length of time he had resided in Portland.
- (b) The applicant's age, marital status, height, color of eyes and hair.
- (c) Whether he has ever been convicted of a felony or misdemeanor, and if so, when and where and for what cause.
- (d) The applicant's training and experience in the transportation and care of patients, and whether he has previously been licensed as a driver, chauffeur, attendant or attendant-driver, and if so, when and where, and whether his license has ever been revoked or suspended in any jurisdiction and for what cause.
- (e) Affidavits of good character from two reputable citizens of the United States and residents of Portland who have personally known such applicant and observed his conduct during 2 years next preceding the date of his application.
- (f) Two recent photographs of the applicant, of a size designated by the Health Officer, one of which shall be attached by the Health Officer to the license.
- (g) Such other information as the Health Officer shall deem reasonably necessary to a fair determination of compliance with this Ordinance.
- (h) An accompanying license fee of \$.....

SECTION 10: Standards for Drivers, Attendants and Attendant-Drivers License.

- (a) The Health Officer shall, within a reasonable time after receipt of an application as provided for herein, cause such investigation as he deems necessary to be made of the applicant for a drivers, attendants or attendant-drivers license.
- (b) The Health Officer shall issue a license to a driver, attendant or attendant-driver hereunder, valid for a period of 1 year, unless earlier suspended, revoked or terminated, when he finds that

- (i) the applicant is not addicted to the use of intoxicating liquors or narcotics, and is morally fit for the position;
- (ii) the applicant is able to speak, read and write the English language;
- (iii) the applicant has been found by a duly licensed physician, upon examination attested to on a form provided by the Health Officer, to be of sound physique, possessing eyesight corrected to at least 20/40 in the better eye, and free of physical defects or diseases which might impair the ability to drive or attend an ambulance; and
- (iv) for each applicant for attendant or attendant-drivers license, that such applicant has a currently valid certificate evidencing successful completion of a course of training equivalent to the advanced course in first aid given by the American Red Cross or the United States Bureau of Mines.

PROVIDED HOWEVER, that no one shall be licensed as a driver or attendant-driver unless he holds a currently valid permit from the state of Oregon to drive an ambulance.

- (c) A license as driver, attendant or attendant-driver issued hereunder shall not be assignable or transferable.
- (d) No official entry made upon a license may be defaced, removed or obliterated.

SECTION 11: Renewal of License.

Renewal of any license hereunder, upon expiration for any reason or after revocation, shall require conformance with all the requirements of this Ordinance as upon original licensing.

SECTION 12: Revocation of License.

- (a) The Health Officer may, and is hereby authorized to, suspend or revoke a license issued hereunder for failure of a licensee to comply and to maintain compliance with, or for his violation of, any applicable provisions, standards or requirements of this Ordinance, or of regulations promulgated hereunder, or of any other applicable laws or ordinances or regulations promulgated thereunder, but only after warning and such reasonable time for compliance as may be set by the Health Officer. Within 10 days after a suspension, the licensee shall be afforded a hearing, after reasonable notice. The Health Officer shall, within 10 days after conclusion of such hearing, issue a written decision (which shall include written findings) as to the suspension of said license. Such written decision shall be promptly transmitted to the licensee to whom it refers.
- (b) The initial, semiannual or other ambulance, equipment and premise inspection reports of the Health Officer herein provided for shall be prima facie evidence of compliance or noncompliance with, or violation of, the provisions, standards and requirements provided herein, and of the regulations promulgated hereunder, for the licensing of ambulances.
- (c) Upon suspension, revocation or termination of an ambulance license hereunder, operations as such shall cease with such ambulance and no person shall permit continued operation with such ambulance as such. Upon suspension, revocation or termination of a drivers, attendants or attendant-drivers license hereunder, such driver, attendant or attendant-driver shall cease to drive or attend an ambulance and no person shall employ or permit such individual to drive or attend an ambulance.

SECTION 13: Reports.

- (a) Each licensee of an ambulance hereunder shall maintain accurate records, upon such forms as may be provided or prescribed by, and containing such information as may be required by the Health Officer concerning the transportation of each patient within Portland or from one place herein to another place within or beyond its limits. Such records shall be available for inspection by the Health Officer at any reasonable time and copies thereof shall be filed by the licensee within 24 hours upon request by the Health Officer.
- (b) The provisions of subsection (a) of this section shall apply with equal force in case the patient shall die before being so transported in such ambulance or dies while being transported therein or at any time prior to the acceptance of the patient into the responsibility of the hospital or medical or other authority if the patient is still under the care or responsibility of the ambulance licensee.

SECTION 14: Obedience to Traffic Laws, Ordinances and Regulations.

- (a) The driver of an ambulance, when responding to an emergency call or while transporting a patient, may exercise the privileges set forth in this section, but subject to the conditions herein stated, and only when such driver has reasonable grounds to believe that an emergency in fact exists requiring the exercise of such privileges.
- (b) Subject to the provisions of subsection (a) hereof, the driver of an ambulance may
 - (i) park or stand, irrespective of the otherwise applicable provisions of law, ordinance or regulation;
 - (ii) proceed past a red or stop signal or stop sign, but only after slowing down as may be necessary for safe operation;

- (iii) exceed the maximum speed limits permitted by law, ordinance or regulation so long as he does not endanger life or property; and
- (iv) disregard laws, ordinances or regulations governing direction or movement or turning in specified directions.
- (c) The exemptions herein granted shall apply only when such ambulance is making use of audible and visual signals meeting the requirements of law, ordinance or regulation.
- (d) The foregoing provisions shall not relieve the driver of an ambulance from the duty to drive with due regard for the safety of all persons, nor shall such provisions protect the driver from the consequences of his reckless disregard for the safety of others.

SECTION 15: Penalties.

- (a) Any persons violating, or failing to comply with, the provisions of Section 2(a) of this Ordinance and the applicable provisions hereof relating to the licensing of ambulances, shall be deemed guilty of a misdemeanor and upon conviction thereof shall be fined an amount not exceeding \$..... or imprisoned for a period not exceeding days, or be both so fined and imprisoned, for each offense.
- (b) Any person violating, or failing to comply with, any other provision of this Ordinance shall be deemed guilty of a misdemeanor and upon conviction thereof shall be fined an amount not exceeding \$..... or be imprisoned for a period not exceeding days, or be both so fined and imprisoned, for each offense.
- (c) Each day that any violation of, or failure to comply with, this Ordinance is committed or permitted to continue shall constitute a separate and distinct offense under this section and shall be punishable as such hereunder; **provided, however,** that the court may, in appropriate cases, stay the cumulation of penalties.

SECTION 16: Separability.

If any section, subsection, sentence, clause, phrase or portion of this Ordinance is for any reason held invalid or unconstitutional by any court of competent jurisdiction, such portion shall be deemed a separate, distinct and independent provision and such holding shall not affect the validity of the remaining portions hereof.